



295 Main St Suite  
Salinas, CA 93901

Phone: 831-757-6254 Fax: 831-757-8025

TDD Line: 831-758-9481 email: [info@chispahousing.org](mailto:info@chispahousing.org)

**NOTICE: Please note that all correspondence will be sent to the most up-to-date address on file. Therefore, it is important to submit any changes, such as a new address, telephone number, or other important information, to the office in writing.**

## **GENERAL INFORMATION AND PRE-APPLICATION**

### How to get on the Waiting List:

1. Complete the attached application in full to be placed on the waiting list for your selected property/properties.
2. Submit the completed application to either the main office (at the address listed above) or directly to the property you are applying for.
3. If you submit the application at the property, the manager will forward it to the main office to be added to the waiting list.

### What happens when a unit becomes available?

1. A CHISPA Housing Management Resident Manager will call you to the telephone number provided. If you cannot be reached by phone a Unit Available Letter informing you of a future vacancy will be sent to your address on file. The letter will state that you must call the property to schedule an appointment for processing.
2. You will be scheduled for a processing appointment with the Resident Manager at the property you applied for.
3. Applicants that do not show up for their appointments or do not contact the property to schedule an appointment will be removed from the wait list.
4. Prior to your appointment the Resident Manager will provide you with a list of documents to bring into your appointment.
5. All sources of income and assets will be third party verified by CHISPA Housing Management.
6. All adult applicants must pay a screening fee of either \$25 or \$40 per adult, depending on the property applied for, to cover the cost of a credit and criminal background check. Screening fees are not refundable if an applicant is denied for not meeting the criteria.
7. A credit report will be conducted for all adult household members. Application may be denied if there are unresolved credit issues, state or federal liens exceeding \$500, or bankruptcy within the past five years.
8. Criminal Background Check will be completed on all adult household members – Some reasons that may constitute grounds for denying the application include:
  - a. A felony conviction within the last five years.
  - b. A felony conviction involving crime that would endanger people or property including but not limited to murder, sexual assault, arson, etc.
  - c. Drug convictions including drug manufacturing/sales within the last five years.



- d. Drug convictions for the use of drugs within the past five years in which the applicant cannot verify that he/she successfully completed a drug rehabilitation program and is not a current drug user.
  - e. Is registered as a sex offender
9. CHISPA Housing Management will review your rental history for the past five years. Any judgment(s) and/or any unmet obligation against an applicant obtained by the current or previous landlord or any adverse previous and/or current landlord reference might result in the denial of housing.
  10. Your household must meet the Program's Funding Regulations, for the specific property you are being processed for, such as the income limits and any other program regulation which may apply.
  11. Other Selection Criteria may apply.
  12. Your file will be reviewed once all documents have been received.
  13. Multiple applications for the available unit are being processed at the same time your application is being processed.
  14. Only completed applications are considered, and processed on a first-come, first-qualified, first-granted basis.
  15. The first applicant who meets CHISPA Housing Management and Program Funding regulations will be offered the unit.



295 Main St Suite 100  
Salinas, CA 93901  
831-757-6254 TDD Line 831-758-9481

**APPLICATION FOR ADMISSION  
FOR USDA PROPERTIES ONLY**

Date/Time \_\_\_\_\_  
App. Rcv'd \_\_\_\_\_

App.#: \_\_\_\_\_

**PART I. APPLICANT INFORMATION**

**To the applicant:** Please fill out this form completely. Any incomplete pre-applications will not be processed. This pre-application will be used to determine whether you are eligible for occupancy. This is a preliminary application and gives no lease or rental rights. If there is a vacancy in this apartment complex for which you are eligible, you will be required to complete an initial application and submit additional information necessary to be considered for the vacancy. **\*\*ALL Applications need to be accompanied with a copy of the most recent taxes for ALL adults.**

Which apartment are you applying for please check the box and unit size you like to be considered for:  2 BRD  3 BRD  4 BRD

Loma El Paraíso  
522 Roosevelt St,  
Salinas, CA 93905  
(831)-796-0140

Jardines De Soledad  
501 Andalucía Dr. #51  
Soledad Ca 93960  
(831) 678-1776

Soledad TownHomes  
438 Benito St. #35  
Soledad, CA 93960  
(831) 678-0528

Name of Head of Household: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_

Email Address: \_\_\_\_\_ Name Linked to Email: \_\_\_\_\_

Are you or any household member related to any CHISPA/CHMI employee? (Circle one) Yes No

Are you or any household member related to anyone currently residing at CHISPA Housing? Yes No

If so, who is that person? \_\_\_\_\_ Relation? \_\_\_\_\_ Location? \_\_\_\_\_

Have you or any household member been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime?

Yes No If yes, state when, where, and the nature of such conviction: \_\_\_\_\_

How did you hear about us?  Newspaper Advertisement  Radio  Web Search  Relative or Friend  Walk-In  Other

**HOUSEHOLD COMPOSITION:**

Please indicate below the number of household members anticipated to reside in the units within the next twelve months.

Adults Full Legal Name (18 years old or over)	Date of Birth	Relationship to Head of Household	Yearly Income	Source of Income	Student Status?
1.		Head of House Hold			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
Children under 18 years old (name as it appears on Social Security card)	Date of Birth	Relationship to Head of Household	Yearly Income	Source of Income	Student Status?
1.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A



4.					<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5.					Yes No
6.					Yes No

1. Qualifying household member meets the definition of farm worker/agriculture definition as defined by USDA Program. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Qualifying household member earns the minimum of <b>\$5752.50</b> annually in farm worker. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Qualifying household member is a citizen or permanent resident of the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Qualifying household member, please check the one that applies: <input type="checkbox"/> Active Farm worker <input type="checkbox"/> Disabled Farm worker (local area) <input type="checkbox"/> Retired Farm worker (local area) <input type="checkbox"/> Disabled Farm worker (outside local area) <input type="checkbox"/> Retired Farm worker (outside local area)
5. If one or more members of your household has mobility impairment and would like to be housed in a unit designed for use by a person with mobility impairment check the box: <input type="checkbox"/>
6. Did you complete the optional <b>Race &amp; Ethnicity Data Collection form?</b> (see attached form) <input type="checkbox"/> Yes <input type="checkbox"/> No

**PART II HOUSEHOLD INCOME, ASSETS, AND SUBSIDIES**

**INCOME:**

Indicate below income received from all sources by all members of the household. **Sources may include employment, social security, and aid to families with dependent children, alimony and child support, pensions, interest and dividends, disability, welfare, retirement benefits, IRA distributions, unemployment benefits.** Show amount on an annual basis.

Recipients of Income	Source of Income	Annual Income
		\$
		\$
		\$
		\$
<b>Total Household's Estimated Annual Income</b>		\$

**ASSETS:**

Indicate below the total estimate value of all net household assets for all members, including minors, of the household. Assets mean the value of equity in real property such as **savings, stocks bonds, IRA, Certificates of Deposit ect. Real state, inheritances ect. and other forms of capital investment.** Do not include personal automobiles or furniture.

Type of Account or Asset:	Account Balance or Value of Asset	Annual Income
		\$
		\$
		\$
<b>Total Household's Assets</b>		\$

**MEDICAL EXPENSES:**

Indicate below if you have any medical expenses for any member of the household. **Sources may include copayments Medicare prescriptions and Doctor' visits**

Doctor's Name	Address	Medical Expenses
		\$
		\$
<b>Total Household's Medical Expenses</b>		\$

**CHILD CARE EXPENSES:**

Indicate below if you have any childcare expenses.

Providers Name	Address	Child Care Expenses
		\$
		\$
<b>Total Household's Child Care Expenses</b>		\$



**Landlord References** CHISPA Housing Management conducts a landlord reference check for all applicant households. Please complete the following information for all locations you have lived in for the past three (3) years:

**Current Address Information**

Current street address, city, State, Zip Code: \_\_\_\_\_

Lived there from: \_\_\_\_\_ to \_\_\_\_\_

# of bedrooms: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Current Landlord's name, address and phone #: \_\_\_\_\_

**Previous Landlord Information**

Street address, city, State, Zip Code: \_\_\_\_\_

Lived there from: \_\_\_\_\_ to \_\_\_\_\_

# of bedrooms: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Previous Landlord's name, address and phone #: \_\_\_\_\_

Street address, city, State, Zip Code: \_\_\_\_\_

Lived there from: \_\_\_\_\_ to \_\_\_\_\_

# of bedrooms: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Previous Landlord's name, address and phone #: \_\_\_\_\_

**PART III. CERTIFICATION AND AUTHORIZATION OF ALL ADULT HOUSEHOLD MEMBERS:**

By signing this application you agree and Authorized CHISPA Housing Management Inc. (CHMI) to obtain a Credit Report/Unlawful Detained Report and a Criminal Background report from NCR (National Credit Reporting), NTN (National Tenant Network) for each adult member of all applicant households. Your signature(s) on this application will be our record of your permission to such inquiries. By signing you further agree that the fees collected from you for this purposes are Non-Refundable.

**By signing this application you agree and Authorized USDA Rural Development to conducting a wage and benefit matching to reduce fraud, waste and abuse in federal program.**

I do hereby swear and attest that all of the information above about me is true and correct. I also understand that I am to report any changes in this information and changes in the income of any member of the household as well as changes in the household size must be reported to Management in writing immediately:

I/We certify that the information and statements given on this Application are true and complete to the best of my/our knowledge and belief. I/We understand that I/we can be fined up to \$10,000 or be imprisoned for up to five years if I/we furnish false information. I/we hereby authorize CHISPA Housing Management to make inquiries for the purpose of verifying the information and statements given in the Application. Providing false information is also grounds for immediate rejection of the application and/or termination of any lease/rental contract.

**SIGNATURES:**

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS VERIFICATION FORM**

**WARNING!** CHISPA Housing Management reserves the right to deny or terminate assistance to applicants and/or residents in all assisted housing programs if family members engage in drug related criminal activities or in violent criminal activities. The standard of proof is a preponderance of evidence.

**WARNING!** TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant



affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

**Section 504: CHISPA Housing Management will make reasonable efforts to accommodate persons with disabilities. If you require special accommodations, please call CHISPA Housing Management at (831) 757-6254 at least 3 days in advance in accordance with the Rehabilitation Act 1973.**

The U.S. Department of Agriculture (USDA) and CHISPA Housing Management prohibit discrimination in all USDA programs and activities on the basis of race, color, national origin, sex, religion, age, or disability. "USDA is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.D. 20250-9410, by fax (202) 690-7442 or email at [program,intake@usda.gov](mailto:program,intake@usda.gov)".



**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 03/31/2011)

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>
<b>Name of Head of Household</b>		<b>Name of Household Member</b>

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	<input type="checkbox"/>
Not-Hispanic or Latino	<input type="checkbox"/>
Racial Categories*	Select All that Apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

